fasting glucose, insulin, sex-steroids and sex hormone binding globulin from a morning blood sample, and muscle and fat mass from a dual-energy x-ray absorptiometry scan. Lifestyle was obtained from a questionnaire. We used multivariable linear regression to assess adjusted associations.

**Results** Free and bio-available testosterone were positively associated with muscle mass, as was physical activity. Muscle mass was associated with lower glucose (−0.04 mmol/l, 95% CI −0.08 to −0.01 per kg muscle mass) and lower insulin (−0.94 uU/ml, 95% CI −1.75 to −0.14); adjusted for sex and fat mass.

**Conclusions** Environmentally driven muscle mass acquisition at puberty could potentially be an additional factor influencing diabetes, of which further investigation is warranted.

**SP1-35 PREDICTORS OF CHANGE IN JOINT FUNCTION AFTER HIP OR WRIST FRACTURES DUE TO FALLS IN ELDERLY PEOPLE**

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**Introduction** Falls with hip or wrist fractures in elderly people are common situations. The goal of this study was to determine the joint function and which clinical and social factors predict change after those fractures, measured by the short-WOMAC or Quick-DASH questionnaires.

**Methods** Patients older than 65 years who attended the emergency room (ER) of seven acute hospitals with a hip or wrist fracture due to a fall were recruited. Patients fulfilled the QuickDASH or short WOMAC specific questionnaires at the time of the fall, as well as during medical consultation in the last 12 months. Negative associations were observed for total calories, consumption of oils and fats and percentage of population with health plan coverage.

**Conclusions** These results suggest that differences in long-term dietary habits and exposures to agricultural hazards could influence patterns of prostate cancer among Brazilian elders. Further epidemiologic studies are needed to clarify these possible associations.

**SP1-37 THE USE OF THE ABBREVIATED COMPREHENSIVE GERIATRIC ASSESSMENT (aCGA) AS A SCREENING INSTRUMENT IN OLDER INDIVIDUAL LIVING IN LONG-STAY INSTITUTIONS IN BRAZIL**

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**Introduction** The Comprehensive Geriatric Assessment (CGA) is used in the care of older person for performing a multidimensional evaluation. However, CGA is a time-consuming assessment and abbreviated screening instruments have been proposed. The purpose of this study was to analyse the performance of the Abbreviated Comprehensive Geriatric Assessment (aCGA) in elders living in long-stay institutions in Brazil.

**Methods** This is a study with elderly residents of long-stay institutions in four Brazilian cities. The assessment of functional, emotional and cognitive domains was performed with the instruments: Activities of Daily Living (ADL); Instrumental Activities of Daily Living (IADL); Geriatric Depression scale (GDS); Mini-Mental State Examination (MMSE) and with the aCGA. Each domain was scored separately with both instruments and individuals classified accordingly. Pearson’s correlation coefficients and positive predictive values (PPV) were used to compare the abbreviated version with the full instruments.

**Results** These are preliminary results for 340 elders. Mean age was 75.9 years. The prevalence of dependence in ADL (65.0% vs 40.0%) and in IADL (72.9% vs 58.5%) and of cognitive impairment (36.9% vs 65.8%) were higher when identified through aCGA, than with the full instrument. However, depression was less detected with the aCGA (27.6% vs 31.5%). Correlations between abbreviated and full instruments ranged from 0.80 to 0.98 (p<0.001). The highest PPV of the aCGA was observed for depression (86.9%) and the lowest for ADL (58.4%).

**Conclusions** In general, the aCGA performed well as a screening instrument in this setting. However, caution must be exercised in relation to the identification of depression.